



On one of Kinshasa's roads (Bandal Moulaert), a billboard raises public awareness on condom use in HIV prevention

**Advancing Social Marketing for Health in the Democratic Republic of Congo
Task Order # GHH-I-05-07-00062-00**

**Programmatic Quarterly Report
April – June 2012**

**Submitted by:
Population Services International
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I. Executive Summary

Organization: Population Services International (PSI)/Association de Santé Familiale (ASF)

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Program Title: Advancing Social Marketing for Health in the Democratic Republic of Congo

Agreement number: GHH-I-05-07-00062-00

Country: Democratic Republic of Congo

Time period: April – June 2012 (Q3 FY12)

Program Goal: To improve the health status of the people of the Democratic Republic of the Congo.

Program Purpose: To expand and build upon the achievements of USAID's previous social marketing programs in DRC by increasing the use of effective health products, services, and behaviors in the areas of HIV/AIDS/STI, family planning and reproductive health (FP/RH), maternal and child health (MCH) and water and sanitation.

Program Objectives: The proposed program has four main objectives:

1. Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.
2. Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.
3. Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.
4. Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Key success during Q3 FY12:

1. 11,717,459 male condoms and 806,533 female condoms were distributed in targeted health zones under the AIDSTAR project.
2. 513,213 Combination-3 oral contraceptives, 70,886 injectables, 1,062 IUDs, 10,485 Cycle Beads and 2,377 *Jadelle* were distributed to women of reproductive age in project-targeted health zones.
3. 86,824 CYPs were generated by the FP products distribution over the quarter.
4. 3,309 Clean Delivery Kits were distributed.

5. 838, 989 sachets of PUR and 1,917,261 tablets of Aquatabs were distributed, to treat 46,753,510 liters of water.

II. Description of activities performed

TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.

Cross-cutting activities

1. With our sales force, the distribution network's expansion to fast moving consumer goods distributors has been reinforced in Kasai Occidental (Magasin Oudney , Dieu Seul Espoir based in Kananga), Kasai Oriental (Final Boutique based in Mbuji-Mayi), Sud-Kivu (Sharcom based in Bukavu) and Kinshasa (NILU and LD). Their stock rotation was higher this quarter.
2. Communication, clinics network, sales and M&E managers from all the provincial offices have appreciated the contribution of training workshops held in Q2 FY12. These trainings provided them with skills that helped them organize their work in the field.
3. A mapping of interventions by sales staff in the field was done and each of them now knows exactly where s/he is expected to intervene and the kind of activities to implement with the sales force s/he supervises.

HIV/AIDS/STI

1. At the beginning of this quarter, there were 28,644,528 Prudence[®] male condoms and 1,020,103 Prudence[®] female condoms in stock in PSI/ASF's warehouses in the targeted provinces. A total of 2,500,000 Prudence[®] male condoms were transferred to the DoD project for its activities. During this period, 125 female condoms were used for testing purposes.
2. The following tables highlight the distribution of male and female condoms by province during Q3 FY12 and the inventory on hand at the end of June 2012:

Male Prudence	Distribution	Stock available, end of June 2012
KINSHASA	2,509,110	9,082,701
KATANGA	1,614,996	898,917
BAS-CONGO	695,790	688,545
SUD-KIVU/ NORD-KIVU	1,574,694	1,423,611
PROVINCE ORIENTALE	217,448	831,547
EQUATEUR	85,500	150,480
KASAI OCCIDENTAL	3,048,786	436,058
KASAI ORIENTAL	1,971,135	915,210
TOTAL	11,717,459	14,427,069

Female Prudence	Distribution	Stock available, end of June 2012
KINSHASA	449,600	88,448
KATANGA	28,220	1,780
BAS-CONGO	25,280	22,720
SUD-KIVU/ NORD-KIVU	30,521	42,199
PROVINCE ORIENTALE	702	7,698
EQUATEUR	5,000	5,400
KASAI OCCIDENTAL	88,900	14,000
KASAI ORIENTAL	178,310	31,200
TOTAL	806,533	213,445

3. In order to speed up the scaling up process of the distribution network in rural areas (involve partner community-based outreach workers/NGOs/associations and commercial bikers) while at the same time reinforcing distribution in other areas, it was agreed, after holding the performance improvement workshop early in the quarter, that an external focal point be recruited. He will be working under PSI/ASF team's supervision and coordination. This is expected to be done next quarter.
4. Since sales teams in the field were staffed, they continued to identify female friendly condom distribution outlets like hair dressing/ beauty shop for women and will continue with this activity in the next quarter.

Family Planning

1. PSI/ASF received in its main warehouse 2,000 Jadelle from USAID.
2. The table below shows the contribution of each of the provinces targeted by the project in achieving distribution objectives, from April to June 2012.

Province	COMBI 3	MICROLUT*	Injectable	IUD	CycleBeads	Jadelle
Kinshasa	222,771	0	35,424	276	1,631	593
Katanga	90,538	0	7,548	169	496	72
Bas-Congo	22,700	0	3,110	76	370	43
Sud-Kivu / Nord-Kivu	97,890	0	5,450	85	7,259	981
Kasaï Occidental	53,194	0	8,884	294	241	652
Kasaï Oriental	11,010	0	5,170	121	210	36
Province Orientale	6,610	0	2,730	18	191	0
Equateur	8,500	0	2,330	23	87	0
TOTAL	513,213	0	70,886	1,062	10,485	2,377

* The Ethica agency has not yet succeeded in securing the registration of the product (AMM still awaited).

3. The finalization of new packagings for oral contraceptives and CycleBeads is still ongoing.

4. The Ethica agency is still following up Microlut's registration process.
5. This quarter, 85,610 CYPs were generated from *Confiance* products: 513,213 COC, 66,033 3-month injectables, 1,062 IUDs, 10,485 Cycle Beads and 2,377 *Jadelle*. This distribution represents PSI/ASF's contribution to the prevention of unwanted pregnancies among women of reproductive age, thus improving the contraceptive prevalence in DRC.
6. Pharmaceutical wholesalers distributed *Confiance* contraceptives and will continue with this activity.
7. This quarter, after the registration of Combination-3 as *Confiance* Combination-3, the packaging of the generic pills started and the distribution of these *Confiance*-branded OCs was limited to Kinshasa due to insufficient stock of packaged pills. With the continuation of the packaging process and the completion of the generics' distribution in provinces, stock of *Confiance* Combination-3 will be sent to provinces for distribution.
8. In June 2012, the number of community-based educators was increased from 45 to 145 to reinforce FP activities and boost indicators.

Maternal & Child Health

CDK

1. At the beginning of the current reporting period, a quantity of 8,116 CDKs (*Délivrans*®) was in stock. During Q3 FY12, 3,309 CDKs were distributed in all the provinces covered by PSI/ASF.
2. During the quarter, 5,505 CDKs were produced and received in PSI/ASF's main warehouse.
3. The following table highlights the distribution of *Délivrans*® by province during Q3 FY12, and the inventory on hand at the end of June 2012:

DELIVRANS	Distribution	Stock available, end of June 2012
Kinshasa	13	4
Katanga	868	1,325
Bas-Congo	470	46
Sud-Kivu / Nord-Kivu	1,210	7,213
Province Orientale	119	273
Equateur	91	65
Kasaï Occidental	448	1,280
Kasaï Oriental	90	106
TOTAL	3,309	10,312

DTK

1. The waiver for the procurement of *Ora-Zinc* was granted by USAID and the order for 700,000 kits was confirmed to the selected manufacturer, FDC Limited from India. These goods are expected to be under customs in Kinshasa 7 months from July 1st, 2012.
2. To have the product registered by the MoH, its technical file is needed and PSI/ASF is still waiting for the manufacturer to send it.
3. Given the above-mentioned factors, it definitely will not be possible to test and ship DTK to provinces during this fiscal year as it was planned.

Water and Sanitation

1. From April to June 2012, a total of 838, 989 sachets of PUR and 1,917,261 tablets of Aquatabs were distributed in USAID-targeted provinces and provincial capitals (Kinshasa, Katanga, Sud-Kivu, Nord-Kivu, Bas-Congo, Province Orientale, Equateur, Kasai Occidental and Kasai Oriental). PUR and Aquatabs were distributed to health centers, pharmacies, retailers, wholesalers, NGOs and households. It is noteworthy that after the physical inventory revealed a surplus of 254 Aquatabs tablets, these were entered into the stock.
2. The cholera outbreaks in Equateur, Bas-Congo and other provinces are still the principal reason of the high use of water purifiers. This also justifies the overachievement of the related indicator (number of liters of water disinfected with POU HWT solutions).
3. The following tables highlight the distribution of products by province during Q3 FY12, and the inventory on hand at the end of June 2012:

PUR	Distribution	Stock available, end of June 2012
Kinshasa	215,760	2,918,209
Katanga	93,960	488,868
Bas-Congo	50,640	107,040
Sud-Kivu / Nord-Kivu	151,749	211,680
Kasai Occidental	136,320	122,880
Kasai Oriental	115,680	45,684
Province Orientale	52,800	234,336
Equateur	22,080	179,520
TOTAL	838,989	4,308,217

AQUATABS	<i>Distribution</i>	<i>Stock available, end of June 2012</i>
Kinshasa	1,004,928	1,041,312
Katanga	159,952	250,400
Bas-Congo	108,064	221,440
Sud-Kivu / Nord-Kivu	188,101	341,360
Kasaï Occidental	89,056	104,320
Kasaï Oriental	62,080	53,760
Province Orientale	58,400	81,496
Equateur	246,680	200,680
TOTAL	1,917,261	2,294,768

Task 1 Indicators: Situation as of end Q3 FY12

	INDICATORS ¹	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
1	Number of male condoms distributed through the USG funded social marketing programs	34,000,000	20,221,793	59.47	After the training received by provincial staff, sales increased as planned. To handle disturbances from some unidentified policemen who were harassing condoms sales outlets, PSI/ASF had PNMLS write an official letter to warn any imposter to restrain from that practice. This letter was photocopied and given to sales points.
2	Number of female condoms distributed through the USG funded social marketing programs	1, 322,840	1,209,270	91.41	As the current stock of female condoms will expire in May 2013, wholesalers are no longer afraid by products expiration. Sales significantly increased.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	60,000,000	170,896,220	284.82	A significant amount of POU products was distributed by NGOs during cholera outbreaks (about 60%).
5	Number of clean delivery kits distributed through the USG funded social marketing programs	18,008	8,042	44.65	A reorientation of the distribution to Sud-Kivu was done because of its potential high demand. Unfortunately, UNFPA started distributing in the same area large quantities for free.
6-1	Number of cycles of oral contraceptives (COMBI 3) distributed through the USG funded social marketing programs	1,530,282	860,407	56.22	Packaging of the <i>Confiance</i> - branded Combi -3 began and its distribution started in Kinshasa. Sales will be boosted as other provinces will also be distributing it.
6-2	Number of cycles of oral contraceptives (MICROLUT) distributed through the USG funded social marketing programs	270,000	0	0	Stock not yet received. Bayer is still in the process of having the product registered in DRC.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	217,960	159,572	73.21	On track
8	Number of IUDs distributed through the USG funded social marketing programs	2,750	2,637	95.89	On track
9	Number of Cycle Beads distributed through the USG funded social marketing programs	6,000	12,150	202.50	As expected in Q2, the distribution increased during this quarter.
10	Number of implants distributed through the USG funded social marketing programs	2,500	3,532	141.28	On track
11	CYP	208,659	145,032	69.50	As expected last quarter, after the training of field staff and the relaunch of activities after the social crisis, the CYPs score increased and is expected to increase more next quarter.

¹ Any missing indicator in the table has no target to be reported for year 2 project.

TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.

Cross-cutting activities

1. During the quarter, PSI/ASF sent to USAID its new media campaigns consisting in *Prudence*[®] male (“Vrai Djo”) and female (“Protection au féminin”) condoms radio and TV spots, and PUR and Aquatabs radio and TV spots. The same was done with posters.

HIV/AIDS/STI

1. *Prudence*[®] male and female condoms’ new spots, respectively named “Vrai Djo” and “Protection au féminin” have been aired since May 2012. Currently, these new communication campaigns are noticeable through mass media (TV, radio and billboards) and in sales outlets (posters).
2. Starting on July 6, 2012, the film *Amah Dja Foule* (which raises CSWs awareness on condom use, VCT uptaking, and if possible quitting prostitution for other income-generating activities), translated in four local languages (Lingala, Swahili, Tshiluba, Kikongo), will be broadcast during July and August in 4 episodes of 20 minutes each on national (Digital Congo and RTNC) and local broadcasting channels. Generally, the selected broadcasting time is before or after a television series the target group likes to watch. Since the film is somewhat accessible to the general population, PSI/ASF deems it appropriate to broadcast the film during the long school holidays. To ensure that this broadcast is known by TV viewers, a preview will be indicating the day and time of the next episode.
3. Apart from radio and TV, billboards have been also used to emphasize new *Prudence*[®] condom campaign. The first series of billboards targeting general population started in Kinshasa and the process will continue in Kinshasa and Province Orientale. As concerns truckers, billboards have been placed on the following roads: Kinshasa/Bas-Congo, Lubumbashi/Kasumbalesa, Mbuji-Mayi/Kananga and Bukavu/Uvira.



Billboards raise truckers’ awareness on HIV prevention (left: Kinshasa/Bas-Congo road; right: Mbuji-Mayi)

100%Jeune

1. The fourth issue of the *100%Jeune* is being produced and its release is expected by mid-July.
2. In June, various *100%Jeune* activities organized in Bukavu's universities caught many Sud-Kivu students' attention. In collaboration with the NGO RACOF, intellectual and recreational activities were organized. In fact, a "Génies en herbe" contest was organized to test students' general knowledge and the level of their knowledge related to HIV and AIDS. Many of them liked this activity according to feedback. Thereafter, it was time for both students and professors to relax together by participating in a fitness walk. The slogan "a sound mind in a healthy body" used in Kinshasa in April continues its journey through provinces. Meanwhile, the other two provinces (Kinshasa and Katanga) are preparing the next *100%Jeune* activities concerning them. Both of them had one of the *100%Jeune*'s songs broadcast on radio to better promote the project.



The "Génies en Herbe" contest is taking place in front of many students at one of Bukavu's universities

3. The *100%Jeune* TV spot was produced by PSI/ASF's studio and will be broadcast next quarter.
4. Tee-shirts, caps, etc., were produced and distributed to support's activities.
5. On June 27th, 2012, the *100%Jeune* project attended the ceremony of launching the project "Shuga Radio" in Kinshasa. This Unicef's initiative aims at imparting youth life skills which are necessary in HIV prevention.

IPC

1. The following activities were done in connection with the launch of the MSM project in Kinshasa: identification of an MSM leader, organization of meetings with MSM, identification of 20 MSM candidates for peer education and selection of 7 MSM peer educators, with one of them supervising the others.
2. A total of 133 target groups members (youth, CSWs, MSM, police and drivers), including 7 MSM, from PSI/ASF's partner local NGOs and associations in Kisangani and Kinshasa were trained in peer education in collaboration with PNLS and PNMLS. Since May 2012, these trained MSM peer educators hold IPC sessions for the LGBT in general, and MSM in particular.
3. As planned by the project, MSM peer educators were trained in Kinshasa and 143 MSM pairs were reached with STD, HIV and AIDS-related prevention messages through IPC sessions conducted in Q3 by MSM peer educators.

4. In collaboration with PNLS and PNMLS, the remaining 68 new PEs were trained in Kinshasa (61 PEs) and Kisangani (7) during this quarter.
5. During this quarter, 105,579 people were reached through MVU sessions.

Family Planning

1. The FP flipchart was revised during the quarter in collaboration with PNSR. The production will take place next quarter.
2. During this quarter, IPC sessions were conducted in all provinces where activities are implemented by community-based educators (CBEs). The number of CBEs has been increased and they are focusing their activities near the PSI/ASF's partner clinics.
3. In the meantime, the revision of the existing flipchart to incorporate new modern contraceptive methods is still ongoing.

Number of people reached through FP interpersonal communication, by province
(April-June 2012 – Q3 FY12)

Province	Men	Women	Total
Kinshasa	10,980	25,160	36,140
Katanga	1,925	12,567	14,492
Bas-Congo	775	3,802	4,577
Sud-Kivu	108	5,997	6,105
Province Orientale	626	2,075	2,701
Equateur	512	2,593	3,105
Kasaï Occidental	3,050	7,165	10,215
Kasaï Oriental	998	6,007	7,005
Total	18,974	65,366	84,340

4. To facilitate the computer-based management of the FP hotline's data, the hotline has been equipped with software that is being tested by the hotline's operators after their being briefed on the use of this new data collection tool that will deal with received calls.
5. The hotline, which aims at improving access to information on FP, reported numerous calls from men, namely 2,498 (65,63%) calls out of a total of 3,806 calls recorded during the quarter. 57,57% of recorded questions were about FP information (FP advantage, types of methods, users' profile, etc.), 5,96% of them were concerns about the side effects (rumors, false beliefs), 14,53% of them were about the location of FP clients support sites and about 21,94% of them concerned other health areas.

Number of calls received by FP hotline, by province
(April-May-June 2012 – Q3 FY12)

Province	Calls		Total
	Men	Women	
Kinshasa	726	878	1,604
Katanga	775	133	908
Bas-Congo	109	70	179
Sud-Kivu	83	30	113
Nord-Kivu	33	13	46
Province Orientale	97	33	130
Equateur	105	29	134
Kasaï Occidental	171	52	223
Kasaï Oriental	109	25	134
Maniema	113	8	121
Bandundu	177	37	214
Total	2,498	1,308	3,806

6. Counseling sessions, organized for couples or individuals (men and women) of reproductive age in network clinics, created a framework for extensive exchanges on FP, its importance on health and available contraceptive methods including condoms, which offer dual protection. As shown in the table below, 19,076 people benefited from this service thanks to FP providers.

Number of people reached through FP counseling visits, by province
(April-May-June 2012 – Q3 FY12)

Province	Men	Women	Total
Kinshasa	1,271	6,494	7,765
Katanga	1,013	1,515	2,528
Bas-Congo	177	530	707
Sud-Kivu	58	855	913
Province Orientale	106	549	655
Equateur	31	92	123
Kasaï Occidental	816	2,726	3,542
Kasaï Oriental	642	2,201	2,843
Total	4,114	14,962	19,076

7. A total of 6,080 new clients accepted to use modern contraceptive methods.

Number of new clients recruited, by province
(April-May-June 2012 – Q3 FY12)

Province	New Clients		Total
	Men	Women	
Kinshasa	0	2,109	2,109
Katanga	0	967	967
Bas-Congo	0	379	379
Sud-Kivu	0	719	719
Province Orientale	0	323	323
Equateur	0	284	284
Kasaï-Occidental	0	940	940
Kasaï-Oriental	0	359	359
Total	0	6,080	6,080

8. Improving the quality of service delivered in partner clinics is a continuous process. Thus, the 9 technical meetings conducted with clinic providers offered opportunities to share best practices and lessons learned. During these meetings, specific themes were discussed, such as infection control during administration of long-acting methods, especially IUD and implants (Jadelle).
9. Through the technical meetings with CBEs, there was an upgrading of key messages to convey about *Confiance*-range FP methods while complying with the standard about free and informed choice. These coaching sessions reflect the concern about high-quality performance expected in IPC activities conducted in grassroots community.
10. The exchange visit on PPIUD (Post Partum Intra-Uterine Device) insertions, originally scheduled to take place at PSI/Mali in April of this year, is postponed to the next quarter because of political instability in Bamako. Consequently, the training sessions for trainers and PPIUD providers will be delayed in accordance with the approved work plan. Currently, with the technical support of PSI/Washington, PSI/ASF has been identifying another host country experienced in this field for experience sharing on PPIUD. PNSR and SCOGO (Congolese Gynecology and Obstetrics Society) had already agreed in principle to participate in this exchange visit.
11. One of the highlights of this quarter was the continuation of skill-building workshops for the *Confiance* network service providers. These were organized in collaboration with provincial staff from PNSR and SCOGO. This collaboration with SCOGO aims not only to promote FP in DRC, but also to develop partnership in order to establish a system of managing major complications related from the administration of long-acting contraceptive methods.
12. PSI/ASF obtained, through SCOGO, the agreement in principle of gynecologist-obstetricians identified in the project-targeted provinces for the involvement in the management of potential complications related to the use of long-acting methods. This agreement precedes the

finalization of the communication tree to be used by the network service providers and their supervisors in the management of any adverse reaction occurred in FP clinics.

13. As part of the delivery of integrated FP-HIV services within the framework of the “FP Capacity Building for PMTCT Acceleration Plan,” sessions of FP training are under way in Kinshasa, Katanga, Bas-Congo, Sud-Kivu and Province Orientale to strengthen the technical capacity of 450 participants from USAID’s partner (ProVIC) and CDC’s (UNC, EGPAF and ICAP). By June 20th, 2012, a total of 384 of them were trained, i.e. 85%. This training, that targets service providers and their supervisors from the above-mentioned organizations, will be completed next quarter with the technical support of PNSR, provincial inspections of health and SCOGO.



Participants are attentively following the session as well as the demonstration

14. In addition to basic knowledge of FP, the trained supervisors successfully completed additional modules on facilitative supervision and training techniques to ensure the continued skill-strengthening of their partners who implement FP activities.
15. Radio programs were effectively aired during this quarter.
16. In April 2012, FP branded spots were aired in all project-targeted provinces.
17. Apart from tee-shirts, all the other promotional materials (calendars, leaflets, etc.) that were developed were delivered and are being distributed.

Maternal & Child Health

1. Since all the preparatory activities related to Ora-Zinc[®] are completed, the effective launch of the product social marketing is awaiting the availability of the product in DRC. Thus, it will not take place during the current fiscal year.

Water and Sanitation

1. The training manual was finalized and approved by the MoH. There is just the authorized signature of the Ministry missing, but it will surely be obtained in Q4 FY12.
2. The selection of trainers of trainers is underway and will be completed during Q4 FY12. As for the training itself, it depends on the availability of Ora-Zinc[®] in DRC by 8 months or so. This 8-month period includes time for production, shipping of the product to DRC, customs clearance, testing and dispatching to distribution sites. Moreover, the training of service providers cannot occur more than 3 months prior to distribution. It is noteworthy that PSI/ASF was granted the waiver for Ora-Zinc[®] production in June 2012.
3. PUR and Aquatabs radio and TV spots were aired during the quarter.
4. During the quarter, providers delivered all the promotional materials developed by PSI/ASF. The revised flipchart obtained the blessing of the MoH through PNLMD and will be produced and distributed in Q4.
5. A total of 209,578 people, including mothers and caregivers with children under five, students, etc., were reached.

Task 2 Indicators: Situation as of end Q3FY12

	INDICATORS	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
12	Number of people reached during HIV/AIDS activities who are oriented to VCT site	11,252	14,808	131.60	PEs' referral skills improved after being trained. Moreover, it was noticed that people got more interested in getting the HIV test.
13	Number of individuals reached with individual and/or small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	23,442	12,677	54.07	New local NGOs and PEs were recruited. The training and retraining of NGOs were conducted. Thus, it is expected that next quarter the target will be reached.
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	19,666	25,347	128.88	Partner local NGOs conducted more sessions themselves. Revision of sensitization methodology was done this quarter.
15	Number of targeted condom service outlets	7,152	7,152	100	Points of sale are cumulative.
16	Number of individuals who participated in communitywide event focused on HIV/AIDS	340,000	154,979	45.58	There were no activities during elections period. Activities were fully conducted this quarter, but the security situation in Sud-Kivu prevents the staff from conducting activities whenever they want.
17	Number of media outlets including HIV/AIDS messages in their program	49	32	65.30	Ongoing. With the Kisangani HIV expansion, the target was revised and increased.

18	Number of media broadcasts that promote responsible sexual behavior	12,980	6,784	52.26	Ongoing. With the Kisangani HIV expansion, the target was revised and increased.
19	Number of peer educators who successfully completed an in-service training program	365	365	100	All PE's have been trained.
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	5	0	0	Planned in Q4 FY12, after the PPIUD training
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (Depo provera)	45	0	100	Service delivery points sufficiently supplied
22	Numbers of people reached during outreach activities promoting the use of water purifier products	250,000	376,573	150.62	Due to cholera outbreaks, more outreach activities were conducted.
25	Percentage of delivery points reporting stock-out of water purifier at any time	20%	0	100	No stock out has been reported to the project by PSI/ASF's direct clients (wholesalers)

TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.

Cross-cutting

1. All NGOs that received refresher training from PSI/ASF and those that received in-service training have continued to conduct IPC campaign under the supervision of PSI/ASF communication staff.

Task 3 Indicators: Situation as of end Q3 FY12

	INDICATORS	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	10	9	90%	Ongoing

TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Cross-Cutting

1. In Bas-Congo, PSI/ASF attended the 2012 Operational Action Plan (OAP) meeting. PSI/ASF was invited to contribute with its expertise in communication during the Moanda, Boma and Boma Bunu cholera outbreaks. The Sud-Kivu office also attended the OAP meeting held in the province.
2. PSI/ASF also participated in the annual review organized by the DPS (Provincial Division of Health). The Bas-Congo Provincial Ministry of Health was also represented.

- PNLS/Bas-Congo appreciated the training on integration of HIV prevention in FP activities that PSI/ASF provided to Bas-Congo's service providers within the framework of the "FP Capacity Building for PMTCT Acceleration Plan." Thus, PNL/Bas-Congo actively participated in coordination activities such as providing two vehicles to facilitate the transportation of participants. The training was launched by the Provincial Medical Inspector in May 2012 in the presence of all USG's partners.
- The Minister of Health sent a letter to Katanga's mining companies to encourage them to collaborate with PSI/ASF in conducting activities that will improve their populations' health.
- In April 2012, a delegation of USAID carried out a supervision visit of activities implemented in Kolwezi and Kasumbalesa by its partners (IHP, ProVIC and PSI/ASF). The delegation recommended that PSI/ASF's provincial office speed up the implementation of the rural strategy and make necessary efforts to catch up the delay in achieving project indicators' targets. They also encouraged close collaboration with other partners.
- In June, PSI/ASF and ProVIC met at the national level to discuss about possibilities of strengthening their collaboration. An MOU is being drafted to formalize this collaboration.

Capacity Building & Assessments

- Up to this quarter, Social Impact's work involved selecting the partner NGOs, assessing their organizational capacity and feeding back the results of the assessment. However, during the period of April-June 2012 Social Impact focused on organizational capacity building, via strategic planning and results-based management workshops for nine partner NGOs.

Task 4 Indicator: Situation as of end Q3 FY12

	INDICATOR	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	110	81	73.63	Ongoing

Research, Monitoring and Evaluation

Cross-Cutting

- About the mid-term evaluation: USAID has identified a consultant to be the Team Leader. She will start on August 28 and will work 5 weeks in the field. USAID will directly pay for her costs to keep her independent from PSI/ASF, whereas PSI/ASF will be responsible for hiring and paying for the local consultant's costs.
- The draft of the "willingness to pay" study design for all social marketed products was produced. Its approval and implementation are expected in Q4.

3. Seven supervision trips were conducted from the national headquarters to provinces: 2 in Equateur, 1 in Kinshasa, 2 in Katanga, 1 in Bas-Congo and 1 in Kasai Oriental. They focused on audit of data quality, enhancement of provincial teams' competence in WASH (water, sanitation and hygiene) matters, and support to field teams in order to stimulate outreach and sales activities. Apart from these supervision trips, routine supervision visits were carried out by provincial staff.
4. In June 2012, peer educators' post-training follow-up was conducted in all project-targeted provinces to monitor if these PEs well mastered and applied what they were taught (HIV and STIs knowledge, interpersonal participative communication and reporting) and provide needed support.

HIV/AIDS/STI

1. After obtaining the approval from the local Ethics Committee, PSI/ASF trained six investigators (anthropologists and psychologists) in qualitative data collection for the repositioning of the *Prudence*[®] condom (FoQus on Marketing Planning). Then, they collected data and produced transcripts.

Family Planning

1. Nine investigators were trained and data of the "Exit Interview" study were collected in Kinshasa and Mbuji-Mayi (Kasai Oriental). Data entry and analyses are planned for next quarter during which results will also be available.

Reporting

1. During this quarter, PSI/ASF submitted one quarterly technical progress report related to the period from January to March 2012.

III. Project Management

1. As part of capacity building in project management, in May 2012 two PSI/ASF's staff traveled to Israel to participate in training on the community-based management of HIV infection. They benefited from coaching to develop and defend a project on "Improving the Use of HIV Voluntary Counseling and Testing Services in Homosexual Setting."
2. In May 2012, Annie Michèle, Head of PSI/Cameroon HIV-TB Department, came for an exchange visit with DRC's *100%Jeune* team. Since PSI/Cameroon's *100%Jeune* has many years of experience, it was fitting to learn from them. She even proposed that the DRC's *100%Jeune* be present at the CEMAC countries' regional youth forum on HIV scheduled in December 2012 in Yaoundé, Cameroon.
3. PSI/ASF's FP technical staff satisfactorily completed the online course "USAID FP Legislative and Policy Requirements" on regulations related to the delivery of FP service/products to target groups. Certificates of completion of the course were transmitted to USAID/DRC during this quarter. Lessons learned are continuously shared with PSI/ASF's provincial teams, CBEs and service providers to comply with the donor's FP requirements.

4. In April 2012, PSI/ASF received the first quality-assurance (QA) audit of FP service carried out by PSI/Washington technical team. They visited some network's clinics in Kinshasa and Bas-Congo in order to assess compliance with five standards of service quality delivered to women of reproductive age, namely: technical competence, client safety, informed choice, privacy/confidentiality and continuity of care. In order to implement audit recommendations, which is part of QA improvement, joint supervisions of the network clinics were organized and actually conducted with PNSR and project-targeted health zones in nine provinces. The analysis of various reports revealed some weaknesses as to the compliance with the five standards mentioned above that require an action plan in order to maintain and improve service quality in the upcoming months.
5. From June 13 to June 14, 2012, PSI/ASF participated at the meeting of advocacy for funding family planning in DRC. This meeting, held for donors and technical partners, was marked by discussions about the theme developed by PSI/ASF: *"The FP Confiance Network: Experience with Pharmacies and Clinics."* Apart from this presentation, PSI/ASF exhibited its products and conducted IPC sessions for participants who visited its stand. These FP promotion activities sufficiently evidence PSI/ASF's commitment to contribute to the efforts of the GDRC that listed FP as one of the priorities of its program as indicated in the Growth and Poverty Reduction Strategy Paper 2 (GPRSP-2).
6. From April 25 to May 25, 2012, PSI/Washington organized the Leadership in Reproductive Health training for the benefit of concerned program managers from ten French-speaking countries. Thanks to SIFPO funding, PSI/ASF was represented by two local staff: its MCH Director (Albert Chikuru) and MCH Deputy Director (Gaby Kasongo). The nature of knowledge imparted (basic essentials on management and leadership, strategic vision, performance improvement process, specific and practical issues related to reproductive health, design and use of marketing plan, and compliance) opened to learners great opportunities in the future as regards program management in general and reproductive health programs in particular.
7. PSI/ASF participated in the commemoration of World Water Day on April 22, instead of March. This activity was prepared and conducted in collaboration with the Bas-Congo's 9th Bureau of the Provincial Inspection of Health.
8. During his trip, PSI/WCA Regional Researcher Joseph Inungu trained field workers, including interviewers and data codification agents for the FoQus on Marketing Planning study to reposition *Prudence*[®] condom. He also developed for PSI/ASF the study design for the Willingness to pay survey.
9. In April 2012, Willy Onema attended in Benin the PSI/WCA workshop for new Research, M&E Directors. They benefited from capacity building in PSI's research methods (quantitative and qualitative with emphasis on research ethics). Certainly this will help him oversee various studies planned within the framework of this project.

10. In May 2012, Ms. Abra Pollock, project manager for Social Impact's subcontract with PSI/ASF, visited the "Advancing Social Marketing for Health in the Democratic Republic of Congo" project in Kinshasa, DRC: (1) to provide supervision and technical assistance to the Social Impact (SI) team in order to ensure quality in SI's capacity building services, (2) To strengthen the relationship between SI and PSI/ASF so as to more effectively coordinate SI's role on the project, (3) To better understand the needs of the SI team, in order to provide more effective and efficient management and project backstopping from SI HQ in Washington, DC, (4) To make contact with other local organizations, individuals and structures that can collaborate with SI on capacity building services and (5) To more deeply understand the local NGOs that are being supported through SI capacity building to become PSI/ASF's service delivery partners.
11. In May 2012, John Justino conducted the Platform Assessment Tool/Performance Improvement Process (PAT/PIP) STTA. The objective was to complete the platform's second Platform Assessment Tool (PAT) and deliver completed PAT templates with Action Plans and complete the platform's first Performance Improvement Process (PIP) in order to identify as a team the root causes of PSI/ASF's highest priority performance problems and to, jointly with selected seniors and middle managers, develop detailed plans to address them in the next six to twelve months. At the end of that process, participants agree to ensure implementation and tracking of progress on PAT and PIP action plans/work plans. Thanks to this STTA, it was decided to hire a one-year consultant who will be in charge of the scaling-up of the rural strategy.
12. In April 2012, after acquiring new stock management software, PSI/ASF had some of its staff attend training sessions about the use of this software. This software will certainly improve stock and sales management.

IV. Problems /Challenges faced during the reporting period

During the reporting period, the project faced the following challenges:

1. Startup of peer education activities was delayed in Kisangani due to lack of the mapping of local NGOs which are eligible for identification and selection of leaders and peer educator candidates.
2. Three vehicles newly purchased cannot be used for field activities for lack of temporary license plates.
3. Because of decreasing funding, PSI/ASF has started closing its provincial office in Kananga. Activities in that province will be supervised by the Mbuji-Mayi's office.

V. Environmental Mitigation (IEE)

1. As part of the management of waste generated by the delivery of FP services and products in partner clinics, waste bins were included in the set of materials distributed in the supported provinces.

2. During on-site visits and regular meetings with clinicians, the provincial FP staff regularly reiterates the national policy on biomedical waste management. PSI/ASF's provincial staff made the handbook entitled "*Data sheet for injections and samplings safety, and biomedical waste management*" available for FP clinics for a continual application of this procedure in dealing with such waste.
3. PSI/ASF's local staff in charge of clinical supervision ensures regular supply of bins to the network clinics for collecting used needles and other waste generated by IUD or implant insertion. This approach offers more security to service providers while working, since it reduces the risk of handling such waste before it reaches the clinic incinerator, and it also contributes to environmental protection.
4. IEE regulations were recalled to the *Confiance* network providers during ongoing long lasting FP method training. Guidelines for assuring IEE requirements are met in *Confiance* clinics and have also been added to newly revised Quality Assurance checklists to be used by FP staff for partner site visits.
5. Condoms: Proper disposal of condoms, in a designated garbage can or latrine, is included in all community-based actors' trainings and condom messaging, including IEC and condom packaging.

VI. FP and HIV policy compliance

1. USAID's regulations on delivering FP services and products were the focus of discussions during the series of meetings with FP providers to reiterate the TIAHRT Amendment in view of expected results in their FP service delivery.
2. As part of capacity building on USAID's FP policy, PSI/ASF's teams in charge of FP activities have been taking online courses on regulations concerning the provision of services and contraceptive products in order to ensure better program coordination.

VII. Planned activities versus progress (table)

FY 2012 Workplan for the Advancing Social Marketing for Health in DRC																											
	Activity	People concerned by trips	2012																								Comments
			JAN				FEB				MAR				APR				MAY				JUN				
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
A	Program Administration																										
A-1	General																										
A-2	Trainings and Conferences																										
A-2-3	PSI/ASF Staff Exchange Visit on PPIUD / DRC-Mali / 3 people	1- Deputy MCH Director, Gaby Kasongo 2- PNSR Director 3- PNSR FP Focal Point													X												Postponed in Q4 FY12
A-2-8	PSI/ASF Staff Exchange visits / Cameroon-DRC / 1 person	PSI/Cameroon 100%Jeune Coordinator									X																Achieved
A-2-9	PSI/ASF Staff Exchange visits / DRC- Vietnam / 1 person	COP, Didier Adjoua								X																	Postponed in Q4 FY12
A-2-10	Management and Leadership Training / DRC - Washington, DC / 1 person	COP, Didier Adjoua																	X								Achieved
A-2-11	WCA Regional Financial Training/ DRC-Washington,DC / 1 person	Internal Audit Deputy Director, Titi Tudibenu																	X								Achieved
A-2-12	DELTA Social Marketing Leaders Training / DRC-TBD / 1 person	1- BCC Specialist, Aaphy Makuta																							X		Canceled
A-2-13	DELTA Social Marketing capacity building / DRC-Benin / 1 person	BCC Specialist, Aaphy Makuta													X	X											Postponed in Q4 FY12
A-2-14	Capacity building for key personnel / DRC- Washington DC	1-COP, Didier Adjoua, 2-Social Marketing and logistics Technical Advisor, Dipoko Degrande					X																				Postponed in Q4 FY12
A-2-19	Administration and Finance capacity building for PSI/ASF's provincial Administration and Finance Coordinators																		X								Postponed in Q4 FY12
A-3	Procurement/Equipment																										
A-3-2	Analyze and select suppliers, and purchase equipments					X	X																				Achieved
A-4	Technical Assistance Travel																										
A-4-3	FP PPIUD Trainer trip / Washington -DRC / 2 people	TBD													X	X											Postponed in Q4 FY12
A-4-6	QED's project mid-term and M&E system evaluation trip / Washington DC - DRC / 2 people	Swedberg and Speyer, QED								X	X	X															Postponed in Q4 FY12
A-5	Other Travels																										
A-5-3	FoQuS on Marketing Planning study / Benin - DRC / 1 person	PSI/WCA Regional Researcher, Joseph Inungu									X													X	X		Ongoing
B	TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.																										
B-1	Cross-Cutting Activities																										
B-1-1	Expand the distribution network to fast moving consumer goods distributors and their network		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-1-2	Reinforce presence of sales teams in the field to visit existing sales outlets, replace those that are not operational		X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X						Ongoing
B-2	HIV/AIDS/STI Activities																										
B-2-1	Product										X	X													X	X	Ongoing
B-2-1-1	Receive male and female condoms from USAID										X	X													X	X	Ongoing
B-2-1-3	Sample, test and package male and female condoms		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-2-1-4	Ship condoms to provinces		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-2-2	Placement/Distribution																										
B-2-2-1	Distribute 34,000,000 male condoms		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-2-2-2	Distribute 1,222,840 female condoms (Year 2 remaining target-222,840; year 3 target -1,000,000)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-2-2-3	Scale up distribution into rural areas (involve partners community-based outreach workers/ NGOs/ Associations and commercial bikers)					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-2-2-4	Continue to identify female friendly condom distribution outlets like hair dressing/ beauty shop for women		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-3	Family Planning Activities																										
B-3-1	Product																										
B-3-1-1	Receive FP products from USAID														X	X	X	X									Ongoing
B-3-1-2	Revise oral contraceptives packaging to insert three blisters in one pack replacing the existing one-b blister pack			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-3-1-3	Revise CycleBeads packaging and adapt it to shipping constraints			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-3-1-4	Procure FP packaging material			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-3-1-5	Sample, test and package FP products			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-3-1-6	Ship products to provinces			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-3-1-7	Follow up registration process of new contraceptives (AMM for MicroLut and Overbranding for Combination 3)			X	X	X	X																				Ongoing

E	TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.																										
E-1	Cross-Cutting Activities																										
E-1-1	Hold strategic planning meetings with USAID		X			X			X			X			X												Ongoing
E-1-2	Hold provincial coordination meetings with government partners, NGOs and associations								X																		Ongoing
E-1-3	Participate in technical groups meetings at national and provincial levels								X																		Ongoing
E-1-4	Hold HIV specific coordination meeting with ProVIC to harmonize activities agenda to insure complementary programming for the target group's benefit			X											X												Ongoing
E-2	Capacity Building & Assessments																										
E-2-1	Organizational capacity building of NGO/Networks of the 9 NGOs selected during Year 2		X	X	X	X																					Ongoing
E-2-2	Organizational Capacity Assessment of 11 remaining NGOs selected during Year 2					X	X	X	X	X	X	X	X	X													Ongoing
E-2-3	Organizational Cap. Building of 11 remaining NGOs selected during Year 2																X	X	X	X	X	X	X	X	X	X	Ongoing
E-2-4	Build capacity of ASF as a local NGO partnering with PSI																										
E-2-4-1	Restructure the ASF Board of Directors																										Ongoing
E-2-4-2	Build capacity of ASF's local Senior Staff as Leaders and Managers in Family Planning, Marketing and Communication														X	X	X	X	X	X	X	X	X	X	X	X	Achieved
F	Research, Monitoring and Evaluation																										
F-1	Cross-Cutting Activities																										
F-1-1	Disseminate HIV survey results				X	X																					Ongoing
F-1-2	Conduct a project mid-term and M&E system evaluation								X	X	X	X															Ongoing
F-1-3	Perform provincial supervision trips				X	X	X	X									X	X	X	X							Ongoing
F-1-4	Conduct a "willingness to pay" survey for HIV, FP, MCH and Watsan products and adjust price grids if necessary				X	X	X	X	X	X																	Postponed in Q4 FY12
F-1-5	Conduct Focus Group for communication materials		X	X																							Ongoing
F-2	HIV/AIDS																										
F-2-2	Conduct a FoQuS on Marketing Planning																				X	X	X	X			Ongoing
F-3	Family Planning																										
F-3-1	Conduct Exit Interview Surveys for FP points of sale and service delivery				X	X																					Ongoing
F-4	Reporting																										
F-4-1	Quarterly technical progress reports submitted (+30)				X										X												Ongoing
F-4-2	Quarterly financial reports submitted (+45)					X											X										Ongoing
F-4-4	Subcontracts																										
F-4-4	Technical and financial progress reports submitted (+15 after each period)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing

VIII. Key activities and challenges for the next quarter (table)

FY 2012 Workplan for the Advancing Social Marketing for Health in DRC																											
	Activity	People concerned by trips	2012																								Responsible
			APR				MAY				JUN				JUL				AUG				SEPT				
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
A	Program Administration																										
A-1	General																										
A-2	Trainings and Conferences																										
A-2-3	PSI/ASF Staff Exchange Visit on PPIUD / DRC-Mali / 3 people	1- Deputy MCH Director, Gaby Kasongo 2- PNSR Director 3- PNSR FP Focal Point	X																								
A-2-9	PSI/ASF Staff Exchange visits / DRC- Vietnam / 1 person	COP, Didier Adjoua																									
A-2-10	Management and Leadership Training / DRC - Washington, DC / 1 person	COP, Didier Adjoua							X																		
A-2-11	WCA Regional Financial Training/ DRC-Washington,DC / 1 person	Internal Audit Deputy Director, Titi Tudibenu						X																			
A-2-12	DELTA Social Marketing Leaders Training / DRC-TBD / 1 person	1- BCC Specialist, Aaphy Makuta												X													
A-2-13	DELTA Social Marketing capacity building / DRC-Benin / 1 person	BCC Specialist, Aaphy Makuta	X	X																							
A-2-14	Capacity building for key personnel / DRC- Washington DC	1-COP, Didier Adjoua, 2-Social Marketing and logistics Technical Advisor, Dipoko Degrande															X										
A-2-19	Administration and Finance capacity building for PSI/ASF's provincial Administration and Finance Coordinators							X																			
A-3	Procurement/Equipment																										
A-4	Technical Assistance Travel																										
A-4-1	Program management supervision trip / Washington DC-DRC	PSI/WCA Deputy Regional Director, Jim Malster																	X								
A-4-2	FP Technical Assistance trip / Washington - DRC / 1 person	PSI/W Family Planning Technical Advisor, Maxine Eber																	X								
A-4-3	FP PPIUD Trainer trip / Washington -DRC / 2 people	TBD			X	X																					
A-5	Other Travels																										
A-5-1	Relocation - Cameroon	Marketing and Logistics Technical Advisor, Dipoko Degrande + 1 dependent																X	X								
A-5-3	FoQuS on Marketing Planning study / Benin - DRC / 1 person	PSI/WCA Regional Researcher, Joseph Inungu											X	X													
A-5-4	Program review and year 4 proposal writing / Washington DC - DRC / 1 person	PSI/W DRC Associate Program Manager, Elizabeth Regan																					X	X			
A-5-5	WCA Regional Research Training /DRC-Mali/ 3 people	1- Research, M&E Director 2-HIV Director 3- COP, Didier Adjoua																		X							
B	TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.																										
B-1	Cross-Cutting Activities																										
B-1-1	Expand the distribution network to fast moving consumer goods distributors and their network		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-1-2	Reinforce presence of sales teams in the field to visit existing sales outlets, replace those that are not operational		X	X	X	X	X	X	X	X					X	X	X	X	X	X	X	X					
B-2	HIV/AIDS/STI Activities																										
B-2-1	Product																										
B-2-1-1	Receive male and female condoms from USAID													X	X												
B-2-1-3	Sample, test and package male and female condoms		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
B-2-1-4	Ship condoms to provinces		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
B-2-2	Placement/Distribution																										
B-2-2-1	Distribute 30,000,000 male condoms		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-2-2-2	Distribute 1,222,840 female condoms (Year 2 remaining target- 222,840; year 3 target -1,000,000)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-2-2-3	Scale up distribution into rural areas (involve partners community-based outreach workers/ NGOs/ Associations and commercial bikers)		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-2-2-4	Continue to identify female friendly condom distribution outlets like hair dressing/ beauty shop for women		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

B-3	FAMILY PLANNING ACTIVITIES
B-3-1	Product
B-3-1-1	Receive FP products from USAID
B-3-1-2	Revise oral contraceptives packaging to insert three blisters in one pack replacing the existing one-b blister pack
B-3-1-3	Revise CycleBeads packaging and adapt it to shipping constraints
B-3-1-4	Procure FP packaging material
B-3-1-5	Sample, test and package FP products
B-3-1-6	Ship products to provinces
B-3-2	PLACEMENT/DISTRIBUTION
B-3-2-1	Distribution of Conifance contraceptives through pharmaceutical wholesalers and partner clinics
B-3-2-2	Distribute 1,800,282 OCs = (1,200,000 Yr 3 + 600,282 Yr 2 gap)
B-3-2-3	Distribute 217,960 injectable contraceptives = (200,000 Yr 3 + 17,960 Yr 2 gap)
B-3-2-4	Distribute 2,750 IUDs
B-3-2-5	Distribute 6,000 CycleBeads
B-3-2-6	Distribute 2,500 implants
B-4	MATERNAL & CHILD HEALTH ACTIVITIES
B-4-a-2	Placement/Distribution
B-4-a-2-1	Distribute 18,008 CDKs at cost-recovery (for PSI/ASF)
B-4-b	PRODUCT: Diarrhea Treatment Kits (DTK)
B-4-b-1	Product
B-4-b-1-2	Procure pre-packaged low osmolality flavored 1-liter sachets ORS and 20 mg 10-tablet Zinc blisters
B-4-b-1-3	Register DTK to the MOH
B-4-b-1-4	Test DTK
B-4-b-1-5	Ship DTK to provinces
B-5	WATER AND SANITATION ACTIVITIES
B-5-1	Product
B-5-1-2	Test Aquatabs in Kinshasa
B-5-1-3	Package Aquatabs
B-5-1-4	Ship Aquatabs to provinces
B-5-1-5	Ship existing PUR stock to provinces
B-5-2	PLACEMENT/DISTRIBUTION
B-5-2-1	Distribute 2 million PUR sachets through commercial wholesalers, health zones, NGOs and other institutions
B-5-2-2	Distribute 2 million Aquatabs through commercial wholesalers, health zones, NGOs and other institutions
C	TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies HIV infection and STIs, and to build an informed, sustainable consumer base.
C-1	Cross-Cutting Activities
C-1-1	Share in special events (International Women's Day, World Population Day, Kinshasa's Fair 2012, World AIDS Day, etc) with target population
C-1-2	Duplicate the different communication materials produced during the life of the project on CDs and DVDs, and distribute them to USAID partners, implementing partners and GDRC for dissemination during their communication activities
C-2	HIV/AIDS/STI ACTIVITIES
C-2-1	Media Communication and Supports' Development
C-2-1-2	Produce and distribute branded printed communication materials to support Prudence male and female condoms' mass media campaigns
C-2-1-3	Air radio and TV spots
C-2-1-6	Develop and produce a short film for truckers to be screened outdoors (parkings)
C-2-1-8	Air short films targeting commercial sex workers
C-2-2	100%Jeune
C-2-2-2	Produce and distribute the magazine every 2 months
C-2-2-3	Promote each 100%Jeune magazine issue with a small event
C-2-2-4	Insert 100% Jeune communication messages in existing TV/radio programs on a monthly basis
C-2-2-5	Produce new 100%Jeune TV and radio spots
C-2-2-6	Air new 100%Jeune TV and radio spots
C-2-2-8	Work with existing youth clubs in provinces to promote HIV messages during their monthly meetings (Kinshasa, Katanga and Sud-Kivu)
C-2-2-9	Organize 100% Jeune special events (1 soccer tournament, 1 bath walk and J.H.I.V.revelation concert...)

[illegible]

IX. Annexes

IX.1- Project indicators

Annex A: Product Distribution Targets

Annexe A: Product Distribution Targets						
	PRODUCTS	ANNEE				TOTAL
		1	2	3	4	
HIV	Male Condoms	20 000 000	25 000 000	34 000 000	32 000 000	111 000 000
	Female Condoms	500 000	700 000	1 100 000	1 200 000	3 500 000
FP	Oral Contraceptives	700 000	1 000 000	1 200 000	1 500 000	4 400 000
	Depo-Provera (3 -month)	100 000	200 000	200 000	250 000	750 000
	IUD	2 000	2 500	2 750	3 000	10 250
	Cycle Beads	4 000	6 000	6 000	6 200	22 200
	Implants	500	800	2 500	2 500	6 300
MCH/WS	Clean Delivery Kits	20 000	30 000	0	0	50 000
	ORS+Zinc Diarrhea Treatment Kit	0	0	1 000	699 000	700 000
	PUR	1 000 000	2 000 000	2 000 000	2 000 000	7 000 000
	Aquatabs	1 150 000	2 000 000	2 000 000	2 100 000	7 250 000

Annex B: Annual Performance Milestones

INDICATORS		YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	Comments/Assumptions
Task 1: Increase supply and diversity of health services and products							
1	Number of male condoms distributed through the USG funded social marketing programs	20 000 000	25 000 000	34 000 000	32 000 000	111 000 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
2	Number of female condoms distributed through the USG funded social marketing programs	500 000	700 000	1 100 000	1 200 000	3 500 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33 000 000	60 000 000	60 000 000	62 000 000	215 000 000	Based on quantities planned. Year 1 target is based on previous project last year achievement. Year 2, 3 and 4 targets have been updated, based on year 1 achievements. Concurrent interventions of other NGOs in same health zones are anticipated to decrease targets in year 3 and 4. Expected results are based on other donors supplying products. year 3 and 4 targets cannot be increased, as cholera outbreaks are not included in the calculation as they cannot be planned.
4	Number of Diarrhea Treatment Kits containing 2 low-osmolarity flavored ORS sachets plus a 10-blister pack of zinc distributed through the USG funded social marketing programs	0	0	1 000	699 000	700 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and similar project achievements in other PSI countries. Numbers have been revised, based on pending waiver approval. The distribution may start in September 2012.
5	Number of clean delivery kits distributed through the USG funded social marketing programs	20 000	30 000	0	0	50 000	Based on quantities planned. Based on Hope Consulting's assessment, transfer of CDK's distribution and promotion to a private company is not feasible.
6	Number of cycles of oral contraceptives distributed through the USG funded social marketing programs	700 000	1 000 000	1 200 000	1 500 000	4 400 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	100 000	200 000	200 000	250 000	750 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.

8	Number of IUDs distributed through the USG funded social marketing programs	2 000	2 500	2 750	3 000	10 250	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
9	Number of cyclebeads distributed through the USG funded social marketing programs	4 000	6 000	6 000	6 200	22 200	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.
10	Number of implants distributed through the USG funded social marketing programs	0	1 300	2 500	2 500	6 300	Based on universe of needs calculation (including estimated impact of the project on product used-related behavior change). Year 2 target has been updated, as there was no distribution in year 2 due to registration issue. Year 3 and 4 targets have been updated, based on year 2 achievement.
11	Couple-years of protection (CYP) in USG-supported programs	103 607	140 217	160 375	195 200	599 399	Based on year 1 and 2 achievements, and expected family planning products availability, year 3 and 4 targets have been increased.
Task 2: Increase the awareness of and demand for health products and services							
12	Number of people reached during HIV/AIDS activities who are oriented to a VCT site	0	4 364	11 252	11 617	27 233	National reference is 11% for this activity (DHS 2007). Project efforts will increase this target to 30% of people reached during AB and OP promotion.
13	Number of individuals reached with individuals/small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	0	17 717	23 442	21 437	62 596	Year 3 targets are based on previous project achievements, and number of trained field actors to conduct sensitization sessions. Targets are related to available budget.
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	0	14 286	19 666	17 286	51 237	Year 3 targets are based on previous project achievements, and numbers of trained field actors to conduct sensitization sessions. Targets are related to available budget.
15	Number of targeted condom service outlets	1 800	6 000	7 152	7 152	7 152	Previous project achievement was 1,500 condom service outlets. Targets are based on the extension planning of condom service outlets network in Health Zones. Years 3 and 4 targets have been updated, based on year 2 achievements. Cumulative indicator.
16	Number of individuals participated in community-wide event focused on HIV/AIDS	0	200 000	340 000	400 000	940 000	Year 3 targets are based on previous project achievements. Yearly progression is anticipated. Targets are related to available budget.

17	Number of media outlets including HIV/AIDS messages in their programs	0	48	36	15	48	Based on budget available. Each TV and radio station used for message airing is considered as one media outlet, and is counted only once. Year 3 indicator has been increased from 20 to 36. Cumulative indicator.
18	Number of media broadcasts that promote responsible sexual behavior	0	20 160	12 980	1 350	34 490	Based on year 3 budget available. Year 3 indicator has been increased from 1,800 to 2,880.
19	Number of peer educators who successfully completed an in-service training program	0	300	365	0	665	Based on budget available.
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	0	199	5	0	204	5 new clinics will be integrated in <i>Confiance</i> network for PPIUD pilot project in year 3, resulting in an increase of year 3 target from 0 to 5.
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (<i>depo provera</i>)	100	68	45	45	45	Contingent upon consistent product supply from the donor.
22	Number of people reached during outreach activities promoting the use of water purifier products	50 000	300 000	250 000	200 000	800 000	No change of year 3 target.
23	Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	0	0	500	125 000	125 500	Year 3 target has been significantly decreased from 100,000 to 500 as communication activities are awaiting waiver approval from USAID. The time necessary to purchase and ship ORS to Congo will allow less than one-month for distribution in Yr 3 (September 2012).
24	Number of service delivery points social marketing delivery kits	200	400	0	0	400	No change of year 3 target. Non cumulative indicator.
25	Percentage of service delivery points reporting stock out of water purifier at any time	40%	30%	20%	15%	15%	Based on anticipated project efforts. In year 1, wholesalers were considered as service delivery points. For year 2, 3 and 4, the indicator is corrected: service delivery points are retailers. No change.
26	Percentage of service delivery points reporting stockouts of ORS/zinc tablets at any time	—	—	—	60%	60%	As the distribution of the product is expected to start in September 2012, it will not be possible to assess this indicator in year 3.
Task 3: Develop and/or enhance the ability of commercial/private sector entities to social market health products and services including behavior change communication activities							
27	Number of socially marketed health products or services transitioned to the private sector	0	0	0	0	0	Based on Hope Consulting's assessment, transfer of CDK's distribution and promotion to a private company is not feasible. Thus, the indicator for year 3 has been zeroed out.
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	0	10	10	0	20	Year 3 and 4 targets have been cumulated in year 3.
Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community level through joint planning with GDRC, other USG and non-USG partners							
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	93	110	110	373	Based on budget available, and past experience in coordination. No change in year 3 target.

IX.2- Inventory on hand: stock

The table below highlights PSI/ASF's current stock levels for each product in each targeted province of the project.

Provinces	HIV Products		FP Products						MCH Products	WatSan Products	
	Prudence Male	Prudence Female	Combi 3	POP	Injectable	IUD	Cycle Beads	Jadelle	DELIVRANS	PUR	AQUATABS
KINSHASA	9 082 701	88 448	136 259	0	47 336	245	85 031	1 940	4	2 918 209	1 041 312
KATANGA	898 917	1 780	51 462	0	732	106	44	178	1 325	488 868	250 400
BAS CONGO	688 545	22 720	5 292	0	4 930	62	55	121	46	107 040	221 440
SUD KIVU	1 423 611	42 199	11 200	0	11 109	49	600	4	7 213	211 680	341 360
NORD KIVU	0	0	0	0	0	0	0	0	0	0	0
PROVINCE ORIENTALE	831 547	7 698	6 690	0	2 520	47	0	0	273	234 336	81 496
EQUATEUR	150 480	5 400	27 500	0	3 548	103	171	0	65	179 520	200 680
KASAI OCCIDENTAL	436 058	14 000	0	0	0	150	300	155	1 280	122 880	104 320
KASAI ORIENTAL	915 210	31 200	7 000	0	102	200	450	10	106	45 684	53 760
MANIEMA	0	0	0	0	0	0	0	0	0	0	
TOTAL	14 427 069	213 445	245 403	0	70 277	962	86 651	2 408	10 312	4 308 217	2 294 768

IX.3- Travel plan for the next quarter

Trip subject	Person	From	To	Anticipated period	Codes
PSI/ASF Staff Exchange Visit on PPIUD	1. Deputy MCH Director, Gaby Kasongo 2. PNSR Director 3. PNSR FP Focal Point 3 people	Kinshasa	Mali	August 2012	A-2-3
DELTA Social Marketing Capacity Building	BCC Specialist, Aaphy Makuta 1 person	Kinshasa	Benin	September 2012	A-2-13
Family Planning Technical Assistance	PSI/W Family Planning Technical Advisor, Maxime Eber 1 person	USA	DRC	August 2012	A-4-2
FP PPIUD Trainers Trip	1. Dr. Eve Espey 2. Dr. Dakouo Marie-Lea 2 people	1.WDC 2. Mali	Kinshasa	September 2012	A-4-3
FoQus on Marketing Planning study (second trip)	PSI/WCA Regional Researcher, Joseph Inungu 1 person	Benin	DRC	August 2012	A-5-3
Program Review and Year 4's Proposal writing	PSI/W DRC Associate Program Manager, Rebecca Regan- Sachs 1 person	USA	DRC	September 2012	A-5- 4
WCA Regional Research Training	1. Research and M&E Director, Willy Onema 2. HIV Director, Papy Anau 3. COP, Didier Adjoua 3 people	DRC	Mali	August 2012	A-5-5

X.3- List of Acronyms

AIDS	: Acquired Immune Deficiency Syndrome
AMM	: Autorisation de Mise sur le Marché
ASF	: Association de Santé Familiale
BCC	: Behavior Change Communication
CDK	: Clean Delivery Kit
CILC	: Comité Intersectoriel de Lutte contre le Cholera
CNAEA	: Comité National d'Action Eau et Assainissement
COC	: Combined Oral Contraceptive
COP	: Chief of Party
COTR	: Contracting Officer's Technical Representative
CR	: Country Representative
DHS	: Demographic and Health Survey
DTK	: Diarrhea Treatment Kit
DRC	: Democratic Republic of Congo
FH	: Food for the Hungry
FMCG	: Fast Moving Consumer Goods
FP	: Family Planning
FY	: Fiscal Year
GDRC	: Government of DRC
HIV	: Human Immune deficiency Virus
IEC	: Information, Education and Communication
IPC	: Interpersonal Communication
IUD	: Intra Uterine Device
MAP	: Mesure de l'Accès et de la Performance
MCH	: Maternal and Child Health
MCSD	: Marketing, Communication and Sales Department
MoH	: Ministry of Health
MVU	: Mobile Video Unit
No	: Number
NGO	: Non-Governmental Organization
OC	: Oral Contraceptive
OFOG	: Overseas Financial Operations Group
ORS	: Oral Rehydration Solution
P&G	: Procter and Gamble
PEC-D	: Prise en Charge Correcte de la Diarrhée
PEPFAR	: (US) President's Emergency Plan for AIDS Relief
PLWHA	: People Living With HIV/AIDS
PMTCT	: Prevention of Mother To Child Transmission
PMEP	: Performance Monitoring and Evaluation Plan
PNLMD	: Programme National de Lutte contre les Maladies Diarrhéiques
PNLS	: Programme National de Lutte contre le Sida
PNMLS	: Programme National Multisectoriel de Lutte contre le Sida
PNSR	: Programme National de Santé de la Reproduction
POP	: Progestin-Only Pill
POU	: Point of Use
ProVIC	: Projet de lute contre le VIH Intégré au Congo

PSI	: Population Services International
Q	: Quarter
RH	: Reproductive Health
SCOGO	: Société Congolaise de Gynéco-Obstétrique
STIs	: Sexually Transmitted Infections
STTA	: Short Term Technical Assistance
TRaC	: Tracking Results Continuously
TV	: Television
UNICEF	: United Nations Children's Fund
USAID	: United States Agency for International Development
USG	: United States Government
VCT	: Voluntary Counseling and Testing
W	: Week
WATSAN	: Water and Sanitation
WCA	: Western and Central Africa